File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment.

VOUCHERS ARE ON PAGES 2 THROUGH 5

MASSACHUSETTS ESTIMATED INCOME TAX

MASSACHUSETTS DEPARTMENT OF REVENUE

Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.

1	EC	Massachusetts
	- E3	Massachusetts Department of Revenue
		•

Social Security number

Estimated Tax Payment — 2004 Due date

Voucher

Spouse's Social Security no.

Voucher 1 Estimated tax for the year ending

				1	MONTH	/	DAY	/	YEAR
Last name (print)	First name and initial (and spouse's, if joint return)				Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):				
					\$				
Street address					2. Estimated q income (from \$				
City/Town	Sta	ate	Zip		3. Amount of the estimated to		•	rom line 1	1 of
Return this voucher with che	eck or money order payable to:				Check which f	orm you	plan to	file:	
Commonwealth of Massac	chusetts.				Form 1 Full-Year F	Residen	t N		/PY nt/Part-Year
Mail to:								esident	
•	nt of Revenue, PO Box 7007, Bo nstructions for the form you file.	ston, M	A 02204.		L Telefile			onresiden eturn	nt Composite

1		Massachusetts	3
	- E3	Department of	Revenue

Social Security number

Estimated Tax Payment — 2004 Spouse's Social Security no. | Due date | Voucher |

Voucher 2

Estimated tax for the year ending

			2	MONTH	/ DAY	/	YEAR		
Last name (print)	First name and initial (and spo	First name and initial (and spouse's, if joint return)			Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):				
				\$					
Street address				Estimated qua income (from li					
City/Town	Sta	ate Zip		3. Amount of this estimated tax v		(from line 1	1 of		
Return this voucher with ch	neck or money order payable to:			Check which form	n you plan to	o file:			
Commonwealth of Massa	achusetts.			Form 1 Full-Year Res	sident I		/PY nt/Part-Year		
Mail to:						Resident			
Massachusetts Departme For Privacy Act Notice, see	ston, MA 02204.				Nonresider Return	t Composite			

1		Massachusetts
	- E3	Massachusetts Department of Revenue

Social Security number

Estimated Tax Payment — 2004 Spouse's Social Security no. Due date

Voucher

Voucher 3 Estimated tax for the year ending

				3	MONTH	/	DAY	/	YEAR	
Last name (print)	First name and initial (and spo	First name and initial (and spouse's, if joint return)				Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):				
					\$					
Street address					2. Estimated of income (fro			•	capital gain worksheet):	
City/Town	St	ate	Zip		3. Amount of t estimated t		•	rom line 1	11 of	
Return this voucher with	check or money order payable to:				Check which	form yo	u plan to t	file:		
Commonwealth of Mas					Form 1	Resider	nt No		t/PY nt/Part-Year	
Mail to:							Re	esident		
Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.					☐ Telefile				nt Composite	
For Privacy Act Notice, see instructions for the form you file.						H	eturn			

1-ES Massachusetts Department of	
Social Security number	Spouse

Voucher 4

Estimated tax for the year ending

				MONTH	DAY	YEAR		
Last name (print)	First name and initial (and spouse's, if joint return)		n)	Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):				
				\$				
Street address				2. Estimated quarter income (from line	, ,	, ,		
				\$				
City/Town	Sta	ate Zip		Amount of this ins estimated tax wor	,	ne 11 of		
				\$				
Return this voucher with check	or money order payable to:			Check which form yo	ou plan to file:			
Commonwealth of Massachu	setts.			Form 1 Full-Year Reside		ident/Part-Year		
Mail to: Massachusetts Department c For Privacy Act Notice, see inst	, , ,	eston, MA 0220		☐ Telefile	Reside Nonres Return	ident Composite		